

PART B - FEE(S) TRANSMITTAL

07/10/06

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038731 7590 04/07/2006

NUFERN
7 AIRPORT PARK ROAD
EAST GRANBY, CT 06026

~~07/11/2006 MAHMED2 00000072 10619376~~

01 FC:2501 ~~700.00 0P~~
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,376	07/11/2003	Julia A. Farroni	NU-202-CIP	5815

TITLE OF INVENTION: OPTICAL FIBER

07/11/2006 MAHMED2 00000073 10619376

01 FC:2501	02 FC:1504	SMALL ENTITY TYPE	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$700	\$300	\$1000	07/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KANG, JULIANA K	2874	385-142000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>PETER J. RAINVILLE</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NUFERN

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EAST GRANBY, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502343 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Peter J. Rainville

Date 7/6/06

Typed or printed name PETER J. RAINVILLE

Registration No. 41,263

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